2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90071 005 ****61.25

DOCUMENT # N23674

1. Entity Name

THE NORTHEAST FLORIDA CHAPTER OF NATIONAL SPA &

Principal Place of Business	Mailing Address
558 S. OSPREY AVE SARASOTA FL 34236 US	558 S. OSPREY AVE SARASOTA FL 34236-7525 US

000708

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2856307 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEDNERIL, JON C 558 S. OSPREY AVE SARASOTA FL 34236	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COREY, RON 6454 BEACH BLVD JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FELDER, HARI-ANNE 10023 BEACH BLVD. JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Richard Norton 1502 Cesary Terrace Jacksonville, FL 32211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUNTI, BETH 1930 S. BEAVER ST JACKSONIVLLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Susan Landregan 2900 Dawn Rd Jacksonville, FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMSEN, RUSS 4533 SUNBEAM RD #302 JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Roz Eaton 308 S Ponce deLeon Blvd St Augustine, FL 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEEDE. ROWLAND 2042 CARNES ST. ORANGE PARK FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Deborah Pate 8608 Beach Blvd Jacksonville FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOHR, ELAINE 11730 PHILLIPS HWY. JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David Williamson 7952 Normandy Blvd Jacksonville FL 32207	☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED Richard Norton V.P. 4/19/2000 904-744-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #